: U.S. Department of Labor **Employment Standards Administration** Office of Labor-Management Standards Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188

Expires: 11-30-2002

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

FROM THE INSTRUCTIONS CAREFULLY SEFORE PREPARING THIS REPORT. For Cifficial Use Control of the Control of Con	Th	is report is mandator	y under P.L. 86-257, as amended	. Failure to o	omply ma	ay result	in crimi	inal pro	osecui	secution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.	
Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the label information is incorrect, complete Items 4 through 8. Dank. If any of the Information is incorrect, complete Items 4 through 8. Dank. If any of the Information is incorrect, complete Items 4 through 8. Dank. If any of the Information is incorrect, complete Items 4 through 8. Dank. If any of the Information is incorrect, complete Items 4 through 8. Dank. If any of the Information is incorrect, complete Items 4 through 8. Dank. If any of the Information is incorrect, complete Items 8. If any of the Information is incorrect, complete Items 9. Dank. If any				_	_		_				
Through 1 2 3 1 2 0 0 0 Itermital is profit, see Section XI of the instructions and check here:	For Officia	I Use Only	1. FILE NUMBER	2. PERIOD			,	YEAR		filed report, check here:	
S. MAILING ADDRESS (Type or print in capital letters.)		" "M3/ ma	0 7 0 9 4 0	From	. 1	1	2	0 0	0	0 terminal report, see Section XII of the instructions and check here	ı:
IMPORTANT First Name Last Name Las		OLMS DED		Through	1 2	3 1	2	0 0	0	(c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:	
Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPLOYEES & RESTAURANT EMPL. UNION 5. DESIGNATION (Local, Locge, etc.) 7. UNIT NAME (if any) 9. Are your organization's records kept at its mailing address? Yes × No (if "No" provide address in Item 56.) 1. Interest 4,651 Rent 3,834 Renit 9. Subsidy 50,000 Each of the undersigned key pumpling differed for programization in any accompanying of the organization subsiding solution of the information submitted in this report (moduling this information contain in any accompanying of the organization submitted in this report (moduling this information contain in any accompanying of the organization submitted in this report (moduling this information contain in any accompanying of the organization submitted in this report (moduling this information contain in any accompanying of the organization submitted in this report (moduling this information contain in any accompanying of the organization submitted in this report (moduling this information contain any accompanying of the organization submitted in this report (moduling this information contain any accompanying of the organization submitted in this report (moduling this information contain any accompanying of the organization submitted in this report (moduling this information contain any accompanying of the organization submitted in this report (moduling this information contain any accompanying of the organization submitted in this report (moduling this information contain any accompanying of the organization submitted in this report (moduling this information contains any accompanying of the organization submitted in this report (moduling this information contains any accompanying of the organization submitted in this report (moduling this information contains any accompanying of the organization submitted in t					8. MAII	LING AE	DRESS	(Туре	or pr	or print in capital letters.)	
and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8. A AFFILIATION OR ORGANIZATION NAME HOTEL EMPLOYEES&RESTAURANT EMPL. UNION 5. DESIGNATION (Local, Lodge, etc.) LOCAL 7. UNIT NAME (if any) A re your organization's records kept at its mailing address? Yes X No CA 9 2 2 6 2 CA 9 2 2 6 2 Bach of the undersigned key putholized of the North September of Support September of Support September September of Support September September of Support September Septem		<u>IMP</u>	ORTANT		First N	ame					
If any of the label information is incorrect, complete Items 4 through 8. 4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPLOYEES & RESTAURANT EMPL. UNION 5. DESIGNATION (Loga, lcdge, etc.) 6. DESIGNATION NUMBER LOGAL (Lodge, etc.) 7. UNIT NAME (If any) 8. Are your organization's records kept at its mailing address? Yes X No (C A 9 2 2 6 2 - (C A					Last N	ame					
A AFFILIATION OR ORGANIZATION NAME HOTEL EMPLOYEES&RESTAURANT EMPL. UNION 5. DESIGNATION (Local, Lodge, etc.) Local 309 7. UNIT NAME (if any) 9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) 56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages property identified.) Item Number 43 Interest 4, 651 Rent 3, 834 Reimbursements 1, 787 IU Organizing Subsidy 50,000 Each of the undersigned buly autholized clips of interesting address in the instruction of the undersigned show the information of the information submitted in this report (including the information of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete. (See Saction VI on penalties) in the instruction of the undersigned showledge and keilef, true, correct, and corplete in the instruction of the un	If any of th				P.O. Bo	ox • Build	ling and	Room	Num	Number (if any)	
HOTEL EMPLOYEES&RESTAURANT EMPL. UNION 5. DESIGNATION (Local, Lodge, etc.) LOCAL 309 7. UNIT NAME (if any) 9. Are your organization's records kept at its mailing address? (if "No," provide address in Item 56.) 55. ADDITIONAL INFORMATION (if more space is needed, attach additional pages properly identified.) Item Number 43 Interest 4, 651 Rent 3, 834 Reimbursements 1, 787 IU Organizing Subsidy 50,000 Each of the undersigned fully autholized office of the backs lately organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the importation contain any accompanying objuencing assistance and properly in the instruction of the undersigned submitted in this report (including the importation contains in any accompanying objuencing assistance and properly in the instruction of the undersigned submitted in this report (including the importation contains in any accompanying objuencing assistance and properly in the instruction of the undersigned submitted in this report (including the importation contains in any accompanying objuencing assistance and properly in the information of the undersigned skinowledge and properly in the information contains in any accompanying objuencing assistance and properly in the information of the undersigned skinowledge and properly in the information of the undersigned skinowledge and properly in the information of t					Numbe	er and St	treet				
Local 309 PALM SPRINGS State ZIP Code + 4 9. Are your organization's records kept at its mailing address? Yes X No CA 9 2 2 6 2 56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number 43	HOTEL EN	IPLOYEES&RE	ESTAURANT EMPL.		1	9 3	N	P	A	A L M. C.A N Y O N. D R . #2 .00	
7. UNIT NAME (if any) 9. Are your organization's records kept at its mailing address? Yes X No C A 9 2 2 6 2 56. ADDITIONAL INFORMATION (if more space is needed, attach additional pages properly identified.) Item Number 43	5. DESIGNATION		l l	N NUMBER					ъ	DINCS	
9. Are your organization's records kept at its mailing address? Yes X No C A 9 2 2 6 2 56. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.) Item Number 43	7. UNIT NAME (if	any)							Х	R I N G.S	
Interest 4,651 Rent 3,834 Reimbursements 1,787 IU Organizing Subsidy 50,000 Each of the undersigned fully authorized office of the before organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contains any accompanying documents has been examined by the signatory and it, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instruction of the undersigned in the information of the undersigned in the informa	9. Are your organi (If "No," provide	zation's records kept address in Item 56.)	at its mailing address? Yes X	No	1				2	2	
Interest 4,651 Rent 3,834 Reimbursements 1,787 IU Organizing Subsidy 50,000 Each of the undersigned fully authorized office of the above lethor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contains any accompanying double-editor based each insert by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instruction of the undersigned of the undersigned in the information submitted in this report (including the information contains any accompanying double-editor based each insertion of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instruction of the undersigned in the information submitted in this report (including the information contains any accompanying double-editor based each submitted in this report (including the information contains any accompanying double-editor based each submitted in this report (including the information contains any accompanying double-editor based each submitted in this report (including the information contains any accompanying double-editor based each submitted in this report (including the information contains any accompanying double-editor based each submitted in this report (including the information contains any accompanying double-editor based each submitted by the information contains any accompanying double-editor based each submitted by the information contains any accompanying double-editor based each submitted by the information contains any accompanying double-editor based each submitted by the information contains any accompanying double-editor based each submitted by the information contains any accompanying double-editor based each submitted by the information contains any accompanying double-editor based each submitted by the information contains any accompanying double-editor based each submitted by the information contains	56. ADDITIONAL	NFORMATION (If me	ore space is needed, attach addit	ional pages p	property i	dentified	1.)				
Rent 3,834 Reimbursements 1,787 IU Organizing Subsidy 50,000 Each of the undersigned fully authorized office of the larger organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contain any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instruction contains any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instruction contains any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instruction contains any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instruction contains any accompanying documents and the information contains any accompanying documents and the information submitted in this report (including the information contains any accompanying documents and in the information contains any	Item Number										-
57. SIGNED: Mode Many PRESIDENT (If other title, see instructions.) 58. SIGNED: Mode Make Make Make Make Make Make Make Mak	43	Rent Reimburser IU Organi:	3,834 ments 1,787 zing								
	57. SIGNED:)mda) X 73101	Mamy 760, 325 - 627	U PRE (If o	SIDENT	ons.)	58. SIG	NED:	123	Chach Carea Mach TREASUR 23 101 (760) 325 - 627/ see instructions of the contract of the cont	RER tie,

10. 11. 12. 13. 14.	Have a "subsidiary organization" as defined in Section X of the instructions? Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Have a political action committee (PAC) fund? Acquire or dispose of any goods or property in any manner other than by purchase or sale? Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.)	No x x x x x	21.	(If the constitution and attach two new dated	the end of the amount ur organization's caused by ee of your y changes in its vs (other than s) or in practices/ ne instructions? d bylaws have changed copies. If practices/ nged, see the instruction our organization's of officers? zation's rates of	d,
	Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?	x		than one rate applies	Rates of Du	les and Fees
17.	Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?	x.		(a) Regular Dues/Fees(b) Initiation Fees	\$ 27.60/28.6 per. \$ 49.60/96.90	(Month, Year, etc.)
18.	Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?	x		(c) Transfer Fees	\$ • 25	
	the answer to any of the above questions is "Yes," provide tem 56 on page 1 as explained in the instructions for each			(d) Work Permits	\$ <u>n/a</u> per	(Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 7 0 - 9 4 0

(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements. Use all capital (B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	ren if al letters.) Status (C)*	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Last Name First Name		(5)	(=)	(* /
1. GAMBERG LIND	A		·	
Title D. D. C. T. D. D. M. M.	Status C			
PRESIDENT Last Name First Name				
2. HUGHES CALU	М			
Title V I C E P R E S I D E N T	Status C			
Last Name First Name				
3. GARCIA ARAC	ELI	16800		16800
Title	Status C	۶		
"" S E C R E T A R Y & T R E A S U R E R Last Name First Name	<u> </u>			
4. AGRIAM DANI	ЕL			
	Status C			
EXEC BOARD Last Name First Name				
5. BAUMWALD LARR	Y			
Title EXEC BOARD	Status C			·
Last Name First Name				. ,
6. MORALES MATI	A S			
Title	Status			
EXEC BOARD	C_		* , . *	,
7. RUBIO LUCI	A	· · ·		
Trila	Status		,	·
EXEC BOARD 8. Totals from additional pages (if any)	. <u></u>			
				•
9. Totals of Lines 1 through 8		16,800		16,800
			10. Less Deductions	2 5 9 3
Enter the Total from Line 11 in	•••••	Item 45 ➪	11. Net Disbursements	1 4 2 0 7
*Code for Status (C): past officer — P; continuing officer — C; new officer d	luring the reno	rting period — N. (If an	y officer was not elected at a regu organization's constitution and bylaw	lar election in accordance with s. explain in Item 56 on page 1.)

Form LM-3 (Revised 2000)

7 - 7

Page 3 of 4

Enter Amounts in Dollars Only — Do Not Enter Cents

FILE NUMBER: 0 7 0 - 9 4 0

	lte	ASŞETS em	Start of Reporting Period (A)		LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
TIES	25	5. Cash	1 3 1 0 2 0	1 3 4 3 7 2	32. Accounts Payable		
	26	6. Loans Receivable			33. Loans Payable		
STATEMENT A ETS AND LIABIL	27	7. U.S. Treasury Securities			34. Mortgages Payable		
SAN	28	3. Investments			35. Other Liabilities		3, }
SSET	29	9. Fixed Assets			36. TOTAL LIABILITIES		₹
AS	30	O. Other Assets					
	31	I. TOTAL ASSETS	_1 3 1 0 2 0	1 3 4 3 7 2	37. NET ASSETS (Item 31 less Item 36)	1 3 1 0 2 0	1 3 4 3 7 2
	lte	CASH RECE	IPTS	AMOUNT	CASH DISBURS	SEMENTS	AMOUNT

	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	38. Dues	1 3 1 0 6 9	45. To Officers (from Item 24)	1 4 2 0 7
ENTS	39. Per Capita Tax		46. To Employees (less deductions)	1 2 2 7 8
EME	40. Fees, Fines, Assessments & Work Permits	1 3 7 9	47. Per Capita Tax	5 9 3 3 6
MENT B DISBURSEM	41. Interest & Dividends		48. Office & Administrative Expense	87244
MEN	42. Sale of Investments & Fixed Assets		49. Professional Fees	8 1 7 6
STATEMENT S AND DISBU	43. Other Receipts	60272	50. Benefits	
S PTS,	44. TOTAL RECEIPTS	192720	51. Contributions, Gifts & Grants	1 1 0 0
RECEIPT			52. Purchase of Investments & Fixed Assets	
	If total receipts reported in Item 44 or more, your organization must fi		53. Loans Made	·
	instead of this form.	io i omi zm-z	54. Other Disbursements PR taxes, refunds	7 0 3 3
			55. TOTAL DISBURSEMENTS	189374

ORGAN	ZATION NAME	;				: '	
L	HOTEL	EMP:	ւ &	RESTAURANT	\mathtt{EMPL}	UNION	309
ENDING	DATE OF PER	IOD COVE	RED:				
	DEC.	31.	200	00			

FILE NUMBER: 0 7 0 - 9 4 0

PAGE 1 OF 1 ADDITIONAL PAGES

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting p they received no salary or other disbursements. Use a	all capital letters.)	Gross Salary (before taxes and	Allowances and Other	
(B) Title (Enter title of officer, such as PRESIDENT or TREASUR		other deductions) (D)	Disbursements (E)	Total (F)
Last Name First Na	àme			
BAUMWALD LA	ARRY			
THE TRUSTEE	Status C			
Last Name First Na				-
LICTAWA	A RIA		_	
Title TRUSTEE	Status C			
Last Name First Na				
M C D O N A L D H A	AROLD			
Title T R U S T E E	Status C			
Last Name First Na				
Title	Status			-
Last Name First Na	ıme			
Titte	Status			
Last Name First Na	ıme			
		,		
Title	Status			
Last Name First Na	me			<u> </u>
Title	Status		·	
Last Name First Na	me	 	<u> </u>	
Title	Status			
	Totals			
rm I M-3 (Bevised 2000)	- T71			

	FILE NUM	MBER: —
ENDING DATE OF PERIOD COVERED:	PAGE	OF ADDITIONAL PAGES
24 ALL OFFICERS AND DISRUBSEMENTS	STO OFFICERS (continued)	

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

A) Name	(List all persons who held office during the reporting period en they received no salary or other disbursements. Use all capit	ven if al letters.)	Gross Salary (before taxes and	Allowances and Other	
B) Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)	other deductions) (D)	Disbursements (E)	Total (F)
Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
Last Name	First Name				
Title		Status			
Last Name	First Name			· · · · · · · · · · · · · · · · · · ·	
	•				
Title		Status			
Last Name	First Name	·			
Title		Status		Na	1
Last Name	First Name			· · · · · · · · · · · · · · · · · · ·	
Title		Status		•	
Last Name	First Name				
Title		Status			
Last Name	First Name			· · · · · · · · · · · · · · · · · · ·	
Title		Status			
		Totals			